

# FEC FORM 3X

## REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Academy of Family Physicians Political Action Committee

ADDRESS (number and street)

1133 Connecticut Avenue, NW

Suite 1100

☐ Check if different than previously reported. (ACC)

Washington

DC

20036

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00411553

3. IS THIS REPORT

NEW (N)

OR

☒ AMENDED (A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)

☐ July 15 Quarterly Report (Q2)

☐ October 15 Quarterly Report (Q3)

☐ January 31 Year-End Report (YE)

☐ July 31 Mid-Year Report (Non-election Year Only) (MY)

☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)

☐ May 20 (M5)

☐ Aug 20 (M8)

☐ Nov 20 (M11) (Non-Election Year Only)

☐ Mar 20 (M3)

☐ Jun 20 (M6)

☐ Sep 20 (M9)

☐ Dec 20 (M12) (Non-Election Year Only)

☒ Apr 20 (M4)

☐ Jul 20 (M7)

☐ Oct 20 (M10)

☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)

☐ Convention (12C)

☐ General (12G)

☐ Special (12S)

☐ Runoff (12R)

Election on

 /  / 

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)

☐ Runoff (30R)

☐ Special (30S)

Election on

 /  / 

in the State of

5. Covering Period

 /  / 

through

 /  / 

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Randell K. Wexler, MD

Signature of Treasurer

Randell K. Wexler, MD

[Electronically Filed]

Date

 /  / 

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only
**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
03 / 01 / 2013 To: M M / D D / Y Y Y Y Y Y  
03 / 31 / 2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2013</span>		<span style="border: 1px solid black; padding: 2px;">402087.22</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">387057.99</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">27317.86</span>	<span style="border: 1px solid black; padding: 2px;">106663.85</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">414375.85</span>	<span style="border: 1px solid black; padding: 2px;">508751.07</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">60615.17</span>	<span style="border: 1px solid black; padding: 2px;">154990.39</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">353760.68</span>	<span style="border: 1px solid black; padding: 2px;">353760.68</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE

## of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y  
 03 / 01 / 2013

To:

 M M / D D / Y Y Y Y Y  
 03 / 31 / 2013
**I. Receipts**
**COLUMN A**  
**Total This Period**
**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

18011.04

71483.91

(ii) Unitemized .....

6414.64

31344.28

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

24425.68

102828.19

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

24425.68

102828.19

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

392.18

1335.66

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

2500.00

2500.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

## 19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c))..... ▶

27317.86

106663.85

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

27317.86

106663.85

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	615.17	1272.06
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	615.17	1272.06
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	60000.00	153000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	718.33
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	718.33
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	60615.17	154990.39
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	60615.17	154990.39

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	24425.68	102828.19
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	718.33
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	24425.68	102109.86
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	615.17	1272.06
37. Offsets to Operating Expenditures (from Line 15, page 3).....	392.18	1335.66
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	222.99	-63.60

: 97 `A=G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB  
.

Form/Schedule: F3XA  
Transaction ID :

Amended to correct additional data entry mistakes - bank fee from 3/1/13 not entered

Form/Schedule:  
Transaction ID:

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 30  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Susan M Anderson MD**

Mailing Address 223 N 7Th Ave

City State Zip Code  
 Canistota SD 57012-2041

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 03 / 01 / 2013

**Transaction ID : C2276442**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Reid B Blackwelder MD**

Mailing Address 4407 Leedy Rd  
 201 Cassel Dr

City State Zip Code  
 Kingsport TN 37664-2117

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Quillen College of Medicine

Professor, Family Medicine

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 03 / 10 / 2013

**Transaction ID : C2286829**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**c. Mary F Campagnolo MD**

Mailing Address 1561 Route 38 Ste 6

City State Zip Code  
 Lumberton NJ 08048-2939

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Virtua Medical Group, Marlton NJ

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 03 / 23 / 2013

**Transaction ID : C2293984**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

565.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 30  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Barton A Chase MD**

Mailing Address 3856 Highway 57 W  
P.O. Box 99

City State Zip Code  
Ramer TN 38367-7167

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ramer Family Health Center

Occupation

Owner/Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 24 / 2013

**Transaction ID : C2293999**

Amount of Each Receipt this Period

2750.00

Full Name (Last, First, Middle Initial)

## **B. Michael J Coulson MD**

Mailing Address 120 Van Ness Ave

City State Zip Code  
Santa Cruz CA 95060-4208

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 01 / 2013

**Transaction ID : C2276182**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

## **C. Steven A Crawford MD**

Mailing Address 900 NE 10th St  
OU Physicians Family Medicine Cent

City State Zip Code  
Oklahoma City OK 73104-5420

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Oklahoma

Occupation

Physician Faculty

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

909.08

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 03 / 2013

**Transaction ID : C2276977**

Amount of Each Receipt this Period

454.54

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3504.54



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 30  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Thomas M Dean MD**

Mailing Address PO Box 335

409 W. 10th Street

City

Wessington Springs

State

SD

Zip Code

57382-0335

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Horizon Health Care

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 01 / 2013

**Transaction ID : C2276441**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Wanda D Filer MD**

Mailing Address 510 Aqua Ct

City

York

State

PA

Zip Code

17403-3623

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Strategic Health Institute

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 02 / 2013

**Transaction ID : C2276948**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**C. Carlos R Gonzales MD**

Mailing Address PO Box 40

City

Patagonia

State

AZ

Zip Code

85624-0040

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Arizona

Occupation

Associate Professor Family Medicine

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 11 / 2013

**Transaction ID : C2293954**

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1215.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 OF 30

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Ravi P Grivois-Shah MD**

Mailing Address 522 N Euclid Ave

City

Oak Park

State

IL

Zip Code

60302-1618

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cook County HHS

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 07 / 2013

Transaction ID : C2286434

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Jeffrey Scott Grove MD**

Mailing Address 11 Baymont St  
Apt 1002

City

Clearwater

State

FL

Zip Code

33767-1720

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Suncoast Family Medical Associates

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 01 / 2013

Transaction ID : C2276447

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Daniel J Heinemann MD**

Mailing Address 1305 W 18th St

City

Sioux Falls

State

SD

Zip Code

57105-0401

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sioux Valley Health Systems

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

03 / 01 / 2013

Transaction ID : C2276074

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

800.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 OF 30

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Daniel J Heinemann MD**

Mailing Address 1305 W 18th St

City

Sioux Falls

State

SD

Zip Code

57105-0401

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sioux Valley Health Systems

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 04 / 2013

**Transaction ID : C2277049**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Richard H Jones MD**

Mailing Address 106 W Howell Ave

City

Alexandria

State

VA

Zip Code

22301-1508

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Durney Medical Services, PLLC

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2013

**Transaction ID : C2275992**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**c. Kenric Dana Malmberg MD**

Mailing Address 1309 10Th Ave W

City

Mobridge

State

SD

Zip Code

57601-1146

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2013

**Transaction ID : C2276444**

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

800.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 30  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. John S Meigs MD**

Mailing Address PO Box 289

100 Serendipity Dr

City

Brent

State

AL

Zip Code

35034-0289

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 20 / 2013

**Transaction ID : C2292658**

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

**B. John S Meigs MD**

Mailing Address PO Box 289

100 Serendipity Dr

City

Brent

State

AL

Zip Code

35034-0289

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 26 / 2013

**Transaction ID : C2294618**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. Anne M Montgomery MD**

Mailing Address 1708 S Martin St

City

Spokane

State

WA

Zip Code

99203-3751

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self

Occupation

physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 24 / 2013

**Transaction ID : C2294001**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

350.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 30  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Timothy D Oliver MD**

Mailing Address 701 W Oliver St

City

Owosso

State

MI

Zip Code

48867-2219

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MMP

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 01 / 2013

**Transaction ID : C2276181**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. Javette C Orgain MD**

Mailing Address PO Box 806527

City

Chicago

State

IL

Zip Code

60680-4126

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UNIVERSITY OF ILLINOIS COLLEGE OF  
MED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 10 / 2013

**Transaction ID : C2300597**

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

**c. Charles Ted Paulk MD**

Mailing Address 1502 Colgate Ct

City

Dothan

State

AL

Zip Code

36303-5909

FEC ID number of contributing  
federal political committee.

C

Name of Employer

1st MED of Dothan

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 26 / 2013

**Transaction ID : C2294616**

Amount of Each Receipt this Period

370.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

795.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 14 OF 30

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Steven Keith Perkins MD**

Mailing Address Po Box 126

City

Waukon

State

IA

Zip Code

52172-0126

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 08 / 2013

**Transaction ID : C2286786**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. William R Phillips MD**

Mailing Address PO BOX 356390

City

Seattle

State

WA

Zip Code

98195-6390

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Washington

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

03 / 20 / 2013

**Transaction ID : C2292666**

Amount of Each Receipt this Period

370.00

Full Name (Last, First, Middle Initial)

**c. Elisabeth L Righter MD**

Mailing Address 267 Park Dr

City

Dayton

State

OH

Zip Code

45410-1315

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wright State University BSM

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

03 / 10 / 2013

**Transaction ID : C2300596**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

720.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 30  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Niranjan M Selvarajah MD**

Mailing Address 36 Ironwood Road

City

New Hartford

State

NY

Zip Code

13421-1851

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Oneida Medical Associates

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

03 / 18 / 2013

Transaction ID : C2293894

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Glen R Stream MD**

Mailing Address 1708 S Martin St

City

Spokane

State

WA

Zip Code

99203-3751

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rockwood Clinic

Occupation

physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 19 / 2013

Transaction ID : C2292486

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Hugh M Taylor MD**

Mailing Address 15 Railroad Ave

City

South Hamilton

State

MA

Zip Code

01982-2218

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Family Medicine Associates LLC

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

03 / 26 / 2013

Transaction ID : C2294617

Amount of Each Receipt this Period

5000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

5615.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 30  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Lloyd P Van Winkle MD**

Mailing Address PO BOX 960

City

Castroville

State

TX

Zip Code

78009-0960

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

474.50

Date of Receipt

03 / 08 / 2013

Transaction ID : C2286789

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Lloyd P Van Winkle MD**

Mailing Address PO BOX 960

City

Castroville

State

TX

Zip Code

78009-0960

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

474.50

Date of Receipt

03 / 10 / 2013

Transaction ID : C2286823

Amount of Each Receipt this Period

36.50

Full Name (Last, First, Middle Initial)

**C. Kathleen A Viereg MD**

Mailing Address 141 Lanyon Dr

City

Cheshire

State

CT

Zip Code

06410-3177

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ProHealth Physicians, PC

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

03 / 26 / 2013

Transaction ID : C2294527

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

766.50



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 30  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Daniel A Walters MD**

Mailing Address 2304 E County Road 950 N

City

Seymour

State

IN

Zip Code

47274-8155

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Caring Family Physicians

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2013

**Transaction ID : C2275986**

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

**B. Mary Jo Jo Welker MD**

Mailing Address OSU-Rardin Family Practice Center  
2231 N High St

City

Columbus

State

OH

Zip Code

43201-1101

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ohio State University

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 20 / 2013

**Transaction ID : C2292543**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Randell K Wexler MD**

Mailing Address 6040 Haybury Dr

City

New Albany

State

OH

Zip Code

43054-8691

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ohio State University

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 25 / 2013

**Transaction ID : C2294019**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1900.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 30  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Richard Andre Wherry MD**

Mailing Address 59 Tipton Dr

City State Zip Code  
Dahlonega GA 30533-1603

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Chestatee Regional Hospital

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 05 / 2013

**Transaction ID : C2279067**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. John Williams MD**

Mailing Address 104 Rufus Ln

City State Zip Code  
Polson MT 59860-8903

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. Luke Community Health Network

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 08 / 2013

**Transaction ID : C2286791**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**C. Brent Brent Wright MD**

Mailing Address 104 Northwood Dr

City State Zip Code  
Glasgow KY 42141-8078

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Louisville

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 01 / 2013

**Transaction ID : C2276183**

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

980.00

**TOTAL** This Period (last page this line number only)..... ►

18011.04

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. American Academy of Family Physicians**

Mailing Address 11400 Tomahawk Creek Pkwy

City State Zip Code  
 Leawood KS 66211-2672

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1195.56

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 11 / 2013

**Transaction ID : C2286793**

Amount of Each Receipt this Period

392.18

Full Name (Last, First, Middle Initial)

## **B.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

392.18

392.18

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
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☐ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

## **A. CITIZENS FOR HARKIN**

Mailing Address P O BOX 811

City

DES MOINES

State

IA

Zip Code

50304

FEC ID number of contributing  
federal political committee.

C

C00166827

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 26 / 2013

Transaction ID : C2294525

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

## **B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2500.00

2500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 21 OF 30

☒ 21b   ☐ 22   ☐ 23   ☐ 24   ☐ 25   ☐ 26  
☐ 27   ☐ 28a   ☐ 28b   ☐ 28c   ☐ 29   ☐ 30b

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 53852

City Phoenix      State AZ      Zip Code 85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought:   ☐ House  
                          ☐ Senate  
                          ☐ President

State:      District:

Disbursement For:  
☐ Primary      ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03      05      2013
**Transaction ID : D144404**

Amount of Each Disbursement this Period

19.99

Full Name (Last, First, Middle Initial)

**B. American Express**

Mailing Address PO Box 53852

City Phoenix      State AZ      Zip Code 85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought:   ☐ House  
                          ☐ Senate  
                          ☐ President

State:      District:

Disbursement For:  
☐ Primary      ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03      07      2013
**Transaction ID : D144405**

Amount of Each Disbursement this Period

14.77

Full Name (Last, First, Middle Initial)

**C. American Express**

Mailing Address PO Box 53852

City Phoenix      State AZ      Zip Code 85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought:   ☐ House  
                          ☐ Senate  
                          ☐ President

State:      District:

Disbursement For:  
☐ Primary      ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03      12      2013
**Transaction ID : D144774**

Amount of Each Disbursement this Period

2.97

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

37.73

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Academy of Family Physicians Political Action Committee



7.95

Three stylized calendar icons are shown, each with a grid of days. The first icon shows the month of March (M M) with the number 03. The second icon shows the day 27 (D D). The third icon shows the year 2013 (Y Y Y Y).

1.37

16.63

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Academy of Family Physicians Political Action Committee

7.95

State:  District:

552.86

State:  District:

State:  District:

560.81

615.17

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 24 OF 30

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. ALLYSON SCHWARTZ FOR CONGRESS**

Mailing Address PO Box 2232

City	State	Zip Code
Jenkintown	PA	19046-0832

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Allyson Y. Schwartz**

Office Sought:	Disbursement For:
<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

State: PA District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		07		2013

**Transaction ID : D144362**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. BILL CASSIDY FOR CONGRESS**

Mailing Address 8550 United Plaza Blvd.

City	State	Zip Code
Baton Rouge	LA	70809

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Bill Cassidy**

Office Sought:	Disbursement For:
<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

State: LA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		07		2013

**Transaction ID : D144368**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. CATHY MCMORRIS RODGERS FOR CONGRESS**

Mailing Address Box 137

City	State	Zip Code
Spokane	WA	99210

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Cathy McMorris Rodgers**

Office Sought:	Disbursement For:
<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

State: WA District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		07		2013

**Transaction ID : D144366**

Amount of Each Disbursement this Period

2500.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

10000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 25 OF 30

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. CONGRESSMAN WAXMAN CAMPAIGN COMMITTEE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		07		2013

Mailing Address 6380 Wilshire Blvd. #1612

City	State	Zip Code
Los Angeles	CA	90048

**Transaction ID : D144358**Purpose of Disbursement  
Campaign contribution

Amount of Each Disbursement this Period

Candidate Name

**Rep. Henry A. Waxman**Category/  
Type

2500.00

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 30

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF JACK KINGSTON**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		07		2013

Mailing Address PO BOX 2133

City	State	Zip Code
SAVANNAH	GA	31402

**Transaction ID : D144361**Purpose of Disbursement  
Campaign contribution

Amount of Each Disbursement this Period

Candidate Name

**Rep. Jack Kingston**Category/  
Type

2500.00

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: GA District: 01

Full Name (Last, First, Middle Initial)

**C. SCHAKOWSKY FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		07		2013

Mailing Address PO Box 5130

City	State	Zip Code
Evanston	IL	60204-5130

**Transaction ID : D144354**Purpose of Disbursement  
Campaign contribution

Amount of Each Disbursement this Period

Candidate Name

**Rep. Jan Schakowsky**Category/  
Type

2500.00

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: IL District: 09

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

**A. MATHESON FOR CONGRESS**

Mailing Address P.O. BOX 521048

City	State	Zip Code
SALT LAKE CITY	UT	84152

Purpose of Disbursement  
Campaign contribution

Candidate Name

Rep. Jim Matheson

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: UT District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	07	/	2013

Transaction ID : D144365

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**B. FRIENDS FOR JIM MCDERMOTT**

Mailing Address PO Box 21786

City	State	Zip Code
Seattle	WA	98111

Purpose of Disbursement  
Campaign contribution

Candidate Name

Rep. Jim McDermott

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	11	/	2013

Transaction ID : D144448

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF JOE PITTS**

Mailing Address PO BOX 775

City	State	Zip Code
Unionville	PA	19375

Purpose of Disbursement  
Campaign contribution

Candidate Name

Rep. Joe Pitts

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 16

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	07	/	2013

Transaction ID : D144359

Amount of Each Disbursement this Period

2500.00
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SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

9000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

**A. FLEMING FOR CONGRESS**

Mailing Address PO Box 1236

City  
MindenState  
LAZip Code  
71058-1236Purpose of Disbursement  
Campaign contribution

Candidate Name

Rep. John Fleming

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: LA

District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	07	/	2013

Transaction ID : D144357

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. DOGETT FOR US CONGRESS**

Mailing Address PO Box 5843

City  
AustinState  
TXZip Code  
78763Purpose of Disbursement  
Campaign contribution

Candidate Name

Rep. Lloyd Doggett

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX

District: 25

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	07	/	2013

Transaction ID : D144363

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. MIKE HONDA FOR CONGRESS**Mailing Address P.O. Box 8180  
Apt 2City  
San JoseState  
CAZip Code  
95155Purpose of Disbursement  
Campaign contribution

Candidate Name

Rep. Michael M. Honda

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA

District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	07	/	2013

Transaction ID : D144364

Amount of Each Disbursement this Period

2500.00
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SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

7500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 28 OF 30

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

**A. SIMPSON FOR CONGRESS**

Mailing Address 1487 PARKWAY DRIVE

City	State	Zip Code
BLACKFOOT	ID	83221

Purpose of Disbursement  
Campaign contribution

Candidate Name

Rep. Mike Simpson

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: ID District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	11	/	2013

Transaction ID : D144446

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. GINGREY FOR CONGRESS**

Mailing Address PO Box U

City	State	Zip Code
Marietta	GA	30060

Purpose of Disbursement  
Campaign contribution

Candidate Name

Rep. Phil Gingrey

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: GA District: 11

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	07	/	2013

Transaction ID : D144360

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. DR. RAUL RUIZ FOR CONGRESS**

Mailing Address 73373 COUNTRY CLUB DRIVE #1904

City	State	Zip Code
PALM DESERT	CA	92260

Purpose of Disbursement  
Campaign contribution

Candidate Name

Rep. Raul Ruiz

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 36

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	11	/	2013

Transaction ID : D144447

Amount of Each Disbursement this Period

2500.00
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SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

8500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 29 OF 30

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. DUCKWORTH FOR CONGRESS**

Mailing Address P.O. BOX 8867

City	State	Zip Code
ROLLING MEADOWS	IL	60008

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Tammy Duckworth**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IL District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	07	/	2013

**Transaction ID : D144367**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. PRICE FOR CONGRESS**

Mailing Address P.O. Box 425

City	State	Zip Code
Roswell	GA	30077

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Tom Price**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: GA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	07	/	2013

**Transaction ID : D144355**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. REED COMMITTEE**

Mailing Address PO BOX 8628

City	State	Zip Code
CRANSTON	RI	02920

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Sen. Jack Reed**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: RI District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2013

**Transaction ID : D144772**

Amount of Each Disbursement this Period

2500.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

10000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 30 OF 30

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF JEANNE SHAHEEN**

Mailing Address 105 N STATE STREET

City CONCORD	State NH	Zip Code 03301
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Purpose of Disbursement  
Campaign contribution

Candidate Name

Sen. Jeanne Shaheen

Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NH District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		25		2013

Transaction ID : D144773

Amount of Each Disbursement this Period

2500.00
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Full Name (Last, First, Middle Initial)

**B. UDALL FOR COLORADO**

Mailing Address PO BOX 40158

City DENVER	State CO	Zip Code 80204
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Purpose of Disbursement  
Campaign contribution

Candidate Name

Sen. Mark Udall

Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CO District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		07		2013

Transaction ID : D144356

Amount of Each Disbursement this Period

5000.00
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Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

7500.00
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60000.00
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